

Name	Address	Phone
New South Wales and the ACT		
Dr. Anthony Millar	3 rd Floor, Suite 1 187 Macquarie St. Sydney, NSW 2000	(02) 9232-3932
Dr. Joseph N. Waks	George St. Medical Centre 1st Floor, 308 George Street Sydney, NSW 2000	(02) 9239-1677
Dr. David Lee	Red Hill Shopping Centre La Perouse Street Red Hill, ACT 2603	(02) 6295-0966
Queensland		
Dr. Gary Litherland	Cairns Tourist & Local Medical Services Cairns Travel Clinic 15 Lake Street Cairns, QLD 4870	(07) 4041-1699 www.cltlmedical.com.au
Drs. Ross Taylor, Brian Kable & James Yates	Anzac Square Medical Center 280 Ann Street Brisbane, QLD	(07) 3229-1344
South Australia		
Dr. David Miller	183 Tynte Street N. Adelaide, SA 5006	(08) 8267-5600
Victoria		
Dr. Charles Okraglik	Bridge Street Clinic 141 Bridge Street Port Melbourne, VIC 3207	(03) 9646-3551
Tasmania		
Dr. John Banks	270 Sandy Bay Road Hobart, TAS 7000	(03) 6223-6822
Northern Territory		
Dr. Augustine Matarazzo	The Medical Centre 69 Bath Street Alice Springs, NT 0871	(08) 8952-2000
Western Australia		
Dr. John Bateman	Level 1, 160 St. George's Terrace Perth, WA 6000	Tel: (08) 9321-9332 Fax: (08) 9242-9732 E: jbateman@primehealth.com.au
Dr. Elizabeth Sinclair	Mill Street Medical Mill Street Medical Practice Ground Floor, 5 Mill Street Perth, WA 6000	(08) 9322-4788
Altone Medical Centre	2 Hull Way Beechboro, WA 6063	(08) 9279-1079

9 FAM 42.66 Exhibit II

*The applicants must have 3 recent photographs of themselves, with the likenesses confirmed with official documents containing the applicants' photographs. One photo will be presented at the time of the panel physician contact, and will be stapled to the front of the **Medical Examination for Immigrant or Refugee Applicant** (DS-2053). The other two will be separately attached to the requests for blood collection, and for Chest X-ray.*

SECTION I: PRINCIPAL APPLICANT TO COMPLETE THIS SECTION

My passport, or other official identification document on which my photograph is attached, contains the following information:

Full name: _____

Passport Number: _____ Date of issue: _____

Place of issue: _____ Nationality: _____

(Applicant's signature - in presence of panel physician) (Date)

SECTION II: TO BE COMPLETED BY PHYSICIAN, X-RAY & BLOOD TEST SUPERVISORS

I am satisfied that the person being examined is the bearer of the passport or other document described above.

Signature of examining panel physician: _____

Signature of X-Ray supervisor: _____

Signature of laboratory technician: _____

IMPORTANT FOR PANEL PHYSICIAN:

Please attach photographs as follows:

PHOTO #1: Attach to Form DS-2053

PHOTO #2: Attach to your referral form for Chest-X-ray request

PHOTO #3: Attach to your referral form for Blood Collection